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L5

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Search History

DATE: Thursday, August 24, 2006   **Purge Queries**   **Printable Copy**   **Create Case**

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L4 L3 and (expert$6 or specialist$)	40	L4
L3 access$ near20 control$ near20 patient near20 medical near20 record	103	L3
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L5: Entry 5 of 5   File: USPT   Apr 23, 1996

DOCUMENT-IDENTIFIER: US 5510832 A
TITLE: Synthesized stereoscopic imaging system and method

Application Filing Date (1):
19931201

Brief Summary Text (4):
Realistic and highly accurate 3D video is useful in entertainment, business,
industry, and research. Realistic and highly accurate 3D video is of special
importance in the field of minimally invasive surgery (e.g., endoscopic and
laparoscopic surgeries) since surgeons performing these procedures are guided
entirely by the images that they view on a video monitor. Accuracy in industry,
research, and medicine is required in order to carry out complex manipulations such
as medical dissection and suturing procedures and in order to safely navigate
within and among tissue and organ structures. Equally important, the 3D video
imagery must be comfortable to view for long periods of time (8 hours in business,
industry, and research, and up to 3-4 hours or even longer under great stress for
some surgical procedures) without having the viewing system impart stress and eye
strain. Further, it is especially desirable to enable viewing of 3D displays on one
or several color monitors, which can be viewed by several people or at several
positions in (or remote from) the office, factory floor, laboratory, or the
operating theater. Also, it is advantageous to be able to transmit the 3D signal
for distant viewing, such as would be required for teleconferencing, plant
supervision, research collaboration, and for remote expert medical consultations or
for live viewing by medical students.

Brief Summary Text (37):
The importance of an all-digital 3D video imaging system presages the current trend
towards integration of conventional video technology and digital computer
technology. A synthesized stereoscopic imaging system having 3D video capability
based on a modern computer platform can be continuously upgradeable with advances
in technology, either through the modular addition of new hardware or through
software-only upgrades. Further, such a "multimedia" computer-based system offers
3D video imaging as an enabling technology which can be integrated into an ever-
expanding array of new technologies likely to be of increasing importance in
perceived future business, industry, research, and biomedical fields. These sectors
have been adapting computerized technologies for over a decade, and the trend
continues. For example, minimally-invasive surgery may incorporate a variety of
computerized technologies in the near future, including robotically-controlled
instrumentation, so-called "smart sensors" for position and motion tracking,
digital network connections, e.g., for on-line access to medical and patient
records, image data-fusion which integrates imaging records from multiple
modalities, e.g., computer tomography (CT), magnetic resonance imaging (MRI), and
ultrasound. These functions can be coordinated for the operating theater by a
powerful small PC or workstation computer; 3D viewing capability can also be a
featured function of this computer.

L5: Entry 2 of 5   File: USPT   Feb 18, 2003

DOCUMENT-IDENTIFIER: US 6523009 B1
TITLE: Individualized patient electronic medical records system

Application Filing Date (1):
19991106

Brief Summary Text (3):
The present invention relates generally to electronic medical records, more
particularly, to an individualized electronic medical record system for providing a
patient with a comprehensive collection of records, stored on CD rom or similar
mobile storage device, that includes patient medical and family history,
immunization records, information on any diagnosis and treatment from any
physician, specialist, and hospital visits, test data in any media including video,
surgeries, gene therapy, and other medical procedures, and medications (past and
present), as well as adverse reactions or allergies to medications.

Brief Summary Text (7):
Additionally, other prior art medical records systems and/or methods for
electronically storing patient medical records and data fail to provide means for
the patient to have reasonably quick and easy access to the information and for
patient-controlled maintenance and easy transport of comprehensive personal medical
records, i.e. carrying medical records on the patient's person for travel and/or
other medical visits to different physicians, specialists, and hospitals, and
continuous transport of medical records available for access by emergency medical
treatment service providers. For example, it is known in the art to provide a
method for storing data to a central medical repository, the stored data being
extracted from medical service record documents in any format from medical service
providers. Alternatively, it is also known in the art to provide a method for
automatic posting of medical insurance claims using a computerized data base system
and data disposed in a known format. Also, it is known to provide an information
exchange system for exchanging health care insurance information between an insurer
and multiple health care providers. However, this type of system requires computer
connection over a local area network and a proprietary database over the Internet
for transfer of the information, and the patient does not have access to any of the
information.

Detailed Description Text (3):
Referring now to the drawings in general and to FIG. 1 in particular, it will be
understood that the illustrations are for the purpose of describing a preferred
embodiment of the invention and are not intended to limit the invention thereto.
For convenience, as best seen in FIG. 1, the individualized patient medical records
system, generally referenced 10, the patient controls her/his comprehensive
individual medical records recorded in an electronic mobile storage device 20,
regardless of the point of care or identity of the medical care provider 12.
Furthermore, multiple medical care providers 12, 14 can read the comprehensive
individual patient medical records 20, which are capable of being stored
electronically in text and non-text data format, or a combination thereof, via a
computer and software. Preferably, the computer software is capable of universal
application on computers used by multiple medical care providers and multiple users
of the mobile electronic storage device for reviewing and recording information and

data recorded thereon. This obviates repeating tests unnecessarily just to obtain patient data or information because previous test results are readily accessible by multiple users of the system, especially multiple medical care providers who are not located in the same facility. Also, the system according to the present invention prevents duplication of testing and prevents wasting time, resources, and money. The medical care providers 12, 14 can construct, write, and record information in the individualized patient medical records system 20. Preferably, the medical care providers will diagnose, identify and outline medical treatment and procedures, define prognosis, conduct necessary tests and procedures, review the results, and make notes or other comments on the patient and her/his condition and treatment, and then construct or write and then record electronically all of the information and data, both text and non-text format, on the mobile storage device for electronically recording and storing the comprehensive individualized patient medical records. The number, type, and location of medical care providers is not limited by the present invention; anyone having the standard computer and computer software program necessary for reading and writing records within the comprehensive individualized patient medical records system and having access to the electronic mobile storage device, which is preferably patient-owned and controlled, can utilize the system. According to the present invention, medical care providers and users of the electronic individualized patient medical records system are identified via identification means, more specifically by a passcode or bio-identification, including but not limited to fingerprint, DNA, retinal scan, etc. The user identification permits access to all or part of the patient records and permits or restricts access to read and write or to read-only.

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☐ 1. Document ID: US 6988075 B1

L5: Entry 1 of 5   File: USPT   Jan 17, 2006

US-PAT-NO: 6988075
DOCUMENT-IDENTIFIER: US 6988075 B1

TITLE: Patient-controlled medical information system and method

Full | Title | Citation | Front | Review | Classification | Date | Reference | | | Claims | KWIC | Draw D

☐ 2. Document ID: US 6523009 B1

L5: Entry 2 of 5   File: USPT   Feb 18, 2003

US-PAT-NO: 6523009
DOCUMENT-IDENTIFIER: US 6523009 B1

TITLE: Individualized patient electronic medical records system

Full | Title | Citation | Front | Review | Classification | Date | Reference | | | Claims | KWIC | Draw D

☐ 3. Document ID: US 6185683 B1

L5: Entry 3 of 5   File: USPT   Feb 6, 2001

US-PAT-NO: 6185683
DOCUMENT-IDENTIFIER: US 6185683 B1
** See image for **Certificate of Correction** **

TITLE: Trusted and secure techniques, systems and methods for item delivery and execution

Full | Title | Citation | Front | Review | Classification | Date | Reference | | | Claims | KWIC | Draw D

☐ 4. Document ID: US 5908383 A

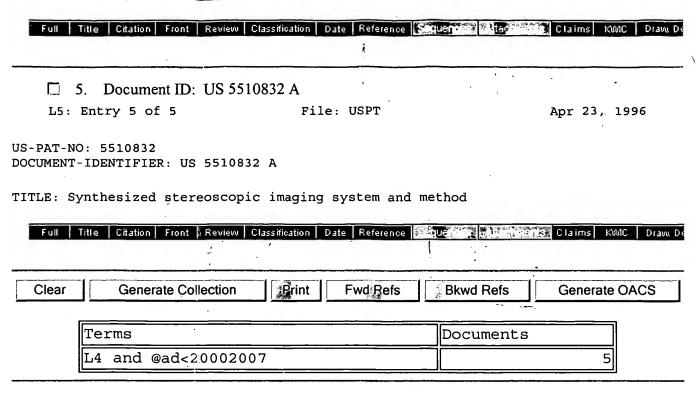L5: Entry 4 of 5   File: USPT   Jun 1, 1999

US-PAT-NO: 5908383
DOCUMENT-IDENTIFIER: US 5908383 A

TITLE: Knowledge-based expert interactive system for pain

| Full | Title | Citation | Front | Review | Classification | Date | Reference | Sequen... | ...tag... | Claims | KWIC | Draw De |

☐   5.   Document ID: US 5510832 A

L5: Entry 5 of 5   File: USPT   Apr 23, 1996

US-PAT-NO: 5510832
DOCUMENT-IDENTIFIER: US 5510832 A

TITLE: Synthesized stereoscopic imaging system and method

| Full | Title | Citation | Front | Review | Classification | Date | Reference | ...que... | ...ts... | Claims | KWIC | Draw De |

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L5: Entry 1 of 5   File: USPT   Jan 17, 2006

DOCUMENT-IDENTIFIER: US 6988075 B1
TITLE: Patient-controlled medical information system and method

Abstract Text (1):
An electronic medical record system and service is disclosed for centrally storing
patients medical records electronically on a database for patient-controlled remote
access by both patients and medical providers. The system stores a plurality of
patient medical records on a medical information database via a medical information
server connected to a network. A plurality of medical provider computers connected
to the network have software to communicate with the medical information server.
Patients supply authorization means to allow medical provider computers to access
patient-selected portions of the patient's medical record for viewing and updating
of the patient's medical record. Additionally, patients can access all portions of
their medical record using browser software on any browser-enabled device connected
to the network.

Application Filing Date (1):
20000315

Brief Summary Text (1):
The present invention is drawn to an electronic medical record system and service.
In particular, it is drawn to a system and service for centrally storing patients
medical records electronically on a database for patient-controlled remote access
by both patients and medical providers.

Brief Summary Text (4):
U.S. Pat. No. 6,018,713 to Coli et al. discloses a network-based system and method
for ordering and reporting the cumulative results of medical tests. The system
includes a computer operated at a physician location (such as a hospital or
physician office) to order tests, retrieve and store statistical data or status the
progress of previously ordered tests, and at least one lab site computer for
receiving physician requests for tests and reporting their results. The physician
computer and lab site computer are interconnected by a computer network. The
physician computer receives a physician or user request for ordering a test, causes
a test request message to be sent to the lab site computer, causes a request for
statistical data to be sent to the network, and receives statistical data from the
network. The lab site computer is programmed to receive a test request message and
to cause a test results message or a test status message to be sent to the
physician computer. The system also includes a patient database computer which
generates longitudinal medical reports, and performs test ordering functions, real
time results reporting, and intelligent physician alerting and decision support
functions, as appropriate in response to requests from other computers in the
system. No patient access to or control of their medical records is disclosed.

Brief Summary Text (5):
U.S. Pat. No. 5,974,389 to Clark et al discloses a patient medical record system
that includes a number of caregiver computers, and a patient record database with
patient data coupled to the caregiver computers for selectively providing access to
the patient data from one of the caregiver computers responsive to a predetermined
set of access rules. The predetermined set of rules includes a rule that access to

a predetermined portion of the patient data by a first caregiver must be terminated before access to the same predetermined portion by a second caregiver is allowed. No patient access to or control of their medical records is disclosed.

Brief Summary Text (6):
U.S. Pat. No. 5,924,074 to Evans discloses a medical records system that creates and maintains all patient data electronically. The system captures patient data, such as patient complaints, lab orders, medications, diagnoses, and procedures, at its source at the time of entry using a graphical user interface having touch screens. Using pen-based portable computers with wireless connections to a computer network, authorized healthcare providers can access, analyze, update and electronically annotate patient data even while other providers are using the same patient record. The system likewise permits instant, sophisticated analysis of patient data to identify relationships among the data considered. Moreover, the system includes the capability to access reference databases for consultation regarding allergies, medication interactions and practice guidelines. The system also includes the capability to incorporate legacy data, such as paper files and mainframe data, for a patient. No patient access to or control of their medical records is disclosed.

Brief Summary Text (7):
U.S. Pat. No. 5,772,585 to Lavin et al. discloses a system and method for managing patient medical information to facilitate data management and improve physician access to and recordal of examination data is described. The method comprises a computer aided process including the steps of scheduling appointments, entering and displaying data to a physician, updating the patient data with progress notes concurrently with an examination, displaying allergy warnings and recording a diagnosis based on the progress notes. A common graphic user interface is also disclosed to facilitate operation of the preferred system and method. The system and method are implemented with a relational database operating on data tables which store information input into the user interface. No patient access to or control of their medical records is disclosed.

Brief Summary Text (8):
U.S. Pat. No. 5,845,253 to Rensimer et al. discloses system and method for processing patient data permits physicians and other medical staff personnel to record, accurately and precisely, historical patient care information. An objective measure of a physician's rendered level of care, as described by a clinical status code, is automatically generated. Data elements used in the determination of the generated clinical status code include a level of history of the patient, a level of examination of the patient, a decision-making process of the physician treating the patient, and a "time influence factor." The quantity and quality of care information for a particular patient is enhanced allowing future care decisions for that patient to be based on a more complete medical history. Enhanced care information can be used in outcome studies to track the efficacy of specific treatment protocols. Archiving of patient information is done in a manner which allows reconstruction of the qualitative aspects of provided medical services. The medical care data can be recorded, saved, and transferred from a portable system to a larger stationary information or database system. No patient access to or control of their medical records is disclosed.

Brief Summary Text (10):
U.S. Pat. No. 5,890,129 to Spurgeon discloses an information-exchange system for controlling the exchange of business and clinical information between an insurer and multiple health care providers. The system includes an information-exchange computer that is connected over a local area network to an insurer computer using a proprietary database and over the Internet to health-care provider computers using open database-compliant databases. The information-exchange computer receives subscriber insurance data from the insurance computer database, translates the insurance data into an exchange database, and pushes the subscriber insurance data

out over the Internet to the computer operated by the health-care provider assigned
to each subscriber. The information-exchange system stores the data in the provider
database. The information-exchange system also provides for the preparation,
submission, processing, and payment of claims over the local area network and with
push technology over the Internet. In addition, prior authorization requests may be
initiated in the provider computers and exchanged over the information-exchange
system for review by the insurer computer. Processed reviews are transmitted back
to the provider computer and to a specialist computer, if required, using push
technology over the Internet. No patient access to or control of their medical
records is disclosed.

Brief Summary Text (11):
U.S. Pat. No. 5,664,109 to Johnson et al. discloses a central medical record
repository for a managed health care organization that accepts and stores medical
record documents in any format from medical service providers. The repository then
identifies the document using information automatically extracted from the document
and stores the extracted data in a document database. The repository links the
document to a patient by extracting from the document demographic data identifying
the patient and matching it to data stored in a patient database. Data is extracted
automatically from medical records containing "unstructured" or free-form text by
identifying conventional organization components in the text and is organized by
executing rules that extract data with the aid of such information. Documents for a
patient are retrieved by identifying the patient using demographic data. No patient
access to or control of their medical records is disclosed.

Brief Summary Text (12):
U.S. Pat. No. 5,325,294 to Keene discloses a system for confidentially reporting
medical test results to partners of patients. No patient access to or control of
their medical records is disclosed.

Brief Summary Text (13):
U.S. Pat. No. 5,671,282 to Wolf et al. discloses a document verification and
tracking system useful for prescription authorization (see FIGS. 3 4). No patient
access to or control of their medical records is disclosed.

Brief Summary Text (14):
U.S. Pat. No. 5,546,580 to Seliger et al. discloses a method for coordinating
updates to medical database in a medical information system that permits concurrent
charting from different workstations and medical instruments. A first data value
for a record is entered at a first workstation and a second data value for the
record is entered at a second workstation without locking either workstation during
data entry. The new data values are stored in the medical database after completion
of data entry at each workstation, and a correction history is recorded. The
correction history contains information as to the update of the record with the
first data value and the second data value. The record is updated with the first
and second data values without aborting user activities or notifying a user that an
update conflict has occurred. After the new data values are stored in the medical
database, all workstations containing a copy of the record are updated to reflect
the current state of the record. No patient access to or control of their medical
records is disclosed.

Brief Summary Text (15):
U.S. Pat. No. 5,960,085 to de la Huerga discloses a system utilizing a personal
identification badge to collect data and to provide access to a computer terminal.
The personal identification badge includes circuitry and transceiver components for
transmitting identification information and exchanging other digital information
with a computer terminal and other compatible devices. The personal identification
badge establishes a wireless communication link with a computer terminal to allow a
user to logon to the terminal. When a user leaves the computer terminal, the
communication link is terminated, causing the computer terminal to lock the

keyboard, blank the monitor, and/or logoff the user if the communication link is not restored within a sufficient time period. The personal identification badge includes means for encrypting and signing digital information. Adapted for use within a hospital, the system provides further means for establishing an affiliation between a personal identification badge and a patient, for collecting digital information from electronic devices that record or gather data regarding the status of a patient, for digitizing and recording dictation spoken into the personal identification badge, and for modifying the digital information so collected to conform to standards, such as those of a Java applet or the hypertext markup language, for interactive display on a universal display browser. No <u>patient access to or control of their medical records</u> is disclosed.

Brief <u>Summary Text</u> (16):
U.S. Pat. No. 5,778,225 to Supernaw-Issen et al. discloses an object oriented patient record 464. No <u>patient access to or control of their medical records</u> is disclosed.

Brief <u>Summary Text</u> (17):
U.S. Pat. No. 5,930,804 to Yu et al. discloses biometric authorization as a substitute for passwords for medical transactions such as emergency access to medical records (see column 2, lines 40 48). No <u>patient access to or control of their medical records</u> is disclosed.

Brief <u>Summary Text</u> (18):
U.S. Pat. No. 5,737,539 to Edelson et al. discloses an electronic prescription creation system for use by professional prescribers at the point of care has a prescription division subsystem permitting creation of a single prescription to be automatically divided into two components for fulfilment of one portion quickly and locally at higher cost and of another portion by remote mail order taking more time but providing a cost saving for a major part of the prescription. The prescription creation system has an ability to access remote source databases for system presentation to the prescriber of relevant, authorized and current drug, drug formulary and patient history information, with dynamic creation of a transient virtual patient record, the information being presented to the prescriber before completion of the prescription, permitting enhancement of the quality of prescribing decisions. No <u>patient access to or control of their medical records</u> is disclosed.

Brief <u>Summary Text</u> (19):
U.S. Pat. No. 6,000,828 to Leet discloses a computer implemented method and system for improving drug treatment of patients in local communities by providing drug treatment protocols for particular disease states, such as Diagnosis Related Group (DRG) classifications. The protocol contains ranked recommendations for drug treatments of the disease state, and the computer system collects information about the risks and benefits of the drug treatments. The information collected about the treatments is used to modify the rankings of the drug treatments in the protocol. In one specific embodiment of the system, where the disease state has a microbial etiology and the treatments are antimicrobial drugs, the emergence of drug resistance is quickly detected by determining the percentage of microbial isolates that are found to be resistant to antimicrobial therapy in the community where the therapy is being provided (such as a community hospital or city-wide health care system). An increase in the percentage of resistant isolates produces a re-ranking of recommended drug therapies to avoid further use of the drug to which resistance has developed, and helps quickly introduce more effective drugs that will improve the effectiveness and lower the cost of treatment. In yet other embodiments, a sum of medication (e.g. dosing) errors and adverse effects (e.g. allergic reactions) are tracked by the system to identify drugs that are poorly tolerated in particular populations served by the hospital where the treatment is being provided. Data is collected about the safety and effectiveness of all types of drug therapies in the community being served, and this data is used to modify the drug protocols. No

patient access to or control of their medical records is disclosed.

Brief Summary Text (20):
U.S. Pat. No. 5,823,948 to Ross, Jr. et al. discloses a system that provides:
automatic incorporation of dictated text; medical records summary generation in
medical English text; parsing dictation to data; prephrased text; automatic
generation of medical record as consequence of data entry; automatic notation of
allergies, significant medical conditions and pregnancy; pregnancy linking,
automatically; security card--close on pull; multi-look grease board; outstanding
orders listing for all patients in the department; department layout; room
selection excludes occupied rooms; nurses notes to text; nurses notes from
physician orders to nurses; lab request screen shows all previously ordered labs;
therapeutics; ACLS recording; lacerations; doctor specific prescriptions and
medication orders; review of systems; coding level alerts; differential diagnosis--
filter to sex and age; diagnosis--fractures to text; doctor interval reexamination;
patient instructions predicated on what was done; patient instruction video on
demand; patient informed consent video on demand; video teleconferencing;
electronic signatures; automatic backup and incremental backup with system on-line;
critical management reports; and automatic research data extraction. No patient
access to or control of their medical records is disclosed.

Brief Summary Text (21):
U.S. Pat. No. 4,916,441 to Gombrich discloses a handheld terminal with a scanner
that is useful in a hospital environment for medical record keeping. No patient
access to or control of their medical records is disclosed.

Brief Summary Text (22):
U.S. Pat. No. 4,857,716 to Gombrich et al. discloses a patient identification
system for relating items with patients and ensuring that an identified item
corresponds to an identified patient. The patient identification system includes a
computer system interconnected to a plurality of remote terminals by conventional
telephone wiring. The patient identification system further including a portable
bar code reading device including a bar code wand, an LCD display and a key pad.
The portable bar code reading device communicates via RF transmission with an
RF/PLC modem. The bar code reading device is utilized to read a patient's unique
bar codes on a patient's identification bracelet, bar codes on labels attached to
various items in the hospital relating the item to a specific patient and bar codes
on item labels whereby such items can be automatically correlated to a specific
patient and checks performed at the computer system to ensure that the item
properly corresponds to the identified patient. No patient access to or control of
their medical records is disclosed.

Brief Summary Text (26):
The present invention is a system and service for centrally storing patients
medical records electronically on a database for patient-controlled remote access
by both patients and medical providers over a public network.

Brief Summary Text (27):
It is an object of the invention to provide patients greater access to and control
over their medical records.

Brief Summary Text (29):
It is another object of the invention to provide patient control over access to
their records by using a patient supplied identifier, such as an ID/passphrase
combination, bar code, smart card, or biometric sample, in order to access the
electronic medical record.

CLAIMS:

8. The patient-controlled electronic medical record system of claim 1, wherein the

means for patients to allow medical provider computers to access patient-selected portions of the patient's medical record for viewing and adding to the patient's medical record is a patient-supplied unique access identification means.

9. The patient-controlled electronic medical record system of claim 8, wherein the patient-supplied unique access identification means is selected from the group consisting of alpha-numeric passphrases, smart cards, biometric samples, bar coded cards, and bar coded bracelets.

26. The method for patient control of an electronic medical record of claim 19, wherein providing patients with means to allow medical provider computers to access patient-selected portions of the patient's medical record for viewing and adding to the patient's medical record uses a patient-supplied unique access identification means.

27. The method for patient control of an electronic medical record of claim 26, wherein the patient-supplied unique access identification means used is selected from the group consisting of alpha-numeric passphrases, smart cards, biometric samples, bar coded cards, and bar coded bracelets.

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